comes to show atrophic changes. In the rare cases, where recovery of sight takes place, it seems most probable that the damage has been due to effusion of blood into the sheath space of the optic nerve rather than to injury of the nerve itself. That such distention may occur has been shown by a case reported by Priestley Smith. Nettleship suggests that the appearances in the third case, like those seen in embolism, might be explained by persistent compression of the nerve and the central vessels by a large clot in the sheath.

THE BEST METHOD OF TREATING HERNIA OF THE IRIS.

GRANDCLÉMENT, of Lyons (*La Mèdicine Moderne,* 6 ann., No. 38) finds that any hernia of the iris left to itself constitutes a permanent menace to the eye and vision either by staphyloma or infection. It should be met by surgical intervention. Reduction, either spontaneous or by the use of eserine or atropine, is exceptional and rare. Of the three operative methods he finds excision offers risk and difficulty; cauterization is painful and often inefficient; but incision, properly done, gives certain and rapid results. The incision should boldly divide the hernial protrusion into equal parts in the direction of its greatest diameter.

IRIDECTOMY FOR GLAUCOMA.

A. M. RAMSAY (*Glasgow Med. Journ.,* vol. xliii., No. 4) finds myotics and systemic remedies are merely tentative, and the long natural history of a case of chronic glaucoma prevents one from estimating how much they really prolong the course of the disease. No case was ever cured by their means alone. The only cure is an iridectomy performed at the proper time and satisfying the following requirements:

(1) The incision ought to be large and wholly in the sclera, about 1 mm. behind the corneal margin. The knife may be either a keratome or a linear section knife. A keen edge is more important than the shape.

(2) The aqueous ought to be allowed to drain off slowly.

(3) The loop of iris to be excised should be carefully pulled out of the wound, snipped on one side, then torn away from its ciliary attachment along the whole length of the wound, and afterward cut off by another snip. If a corneal incision be made, and the iris drawn out and cut off by one snip of the scissors, more harm may be done than good. The iris bleeds freely, and is always very sensitive, so that if chloroform has not been administered, this stage of the operation is very painful.

(4) The corners of the cut iris must be very carefully replaced, in order that, if possible, no tags may become adherent to the wound.

The operation ought to be performed as soon as possible after the diagnosis of glaucoma is clearly established, and, although this remark applies principally to the inflammatory forms of the disease, it also holds true of the simple non-inflammatory.

AMBLYOPIA FROM THE USE OF ACETANILID.

R. HILBERT, of Sensburg, reports (*Memorabilien,* xxxix. Jahrg., 2 Heft.) a case of severe temporary blindness from the use of this drug. The patient, a well-built man of thirty-six years, after a night of dissipation, awoke late in the morning with a severe headache, for which he took one gramme of "antifebrin." This dose not having the desired effect, he took within a half hour two more grammes, when suddenly with the relief of the headache alarming symptoms developed. There were vertigo, a disagreeable rushing noise in the ears, the subjective olfactory disturbances of this drug, and vision in both eyes sank rapidly to a minimum, so that he could not find his way about his room.

When seen, about noon, his face was noticeably pale, the forehead covered with cold sweat. The pupils were of medium size and did not react to light. He could barely recognize the movements of the hand at one-half metre, and this only near the centre of the visual field. With the ophthalmoscope the optic disk appeared pale, the retinal vessels diminished. The pulse was 64 to the minute, the heart sounds clear, the urine free from albumin and sugar.

He was given brandy internally and inhalations of amyl nitrite. Five minutes after the first inhalation there was improvement of vision with the reddening of the face and quickening of the pulse. The inhalations were continued for two hours, and an injection of strychnine given. By 8 P. M. vision had risen to 6/12, and there was no apparent limitation of the visual field. At one o'clock the next afternoon vision was normal in both eyes, the pupils were of the usual size, with prompt light reaction, and there remained no pathological appearance in the fundus.

Hilbert points out that amblyopia from acetanilid, like other toxic amblyopias, appears to depend on anæmia of the retina, and perhaps of the visual centres.

CARCINOMA OF THE CONJUNCTIVAL LIMBUS IN A CHILD.

ROGMAN (Ghent) reports (*Annal. d'Oculist,* vol. cxiii., No. 3) a case occurring in boy of fourteen years, the youngest of five children, all healthy. The tumor was of a yellowish-white color, 3 mm. wide, 4 mm. long, its greatest diameter being parallel to the limbus, and 1 or 2 mm. thick. Its surface was slightly nodulated, but not ulcerated. It had been noticed first about a month and a half previously. It was removed with a bistoury and the surface of implantation energetically curretted. More than a year afterward the eye remained normal, except a slight spot of venous tint from thinning of the sclera. The anatomical (microscopical) diagnosis of commencing epithelial carcinoma of the conjunctival limbus was unquestionable.

OUTFLOW CHANNELS OF THE EYE AND ARTIFICIAL GLAUCOMA.

M. KNIES (Freiburg) years ago, by introducing non-irritant substances into the eye-ball, demonstrated the course of the intra-ocular currents and the outflow through Fontana's space. He now reports (*Arch. of Ophthalmol.,* vol. xxiv., No. 2) the results of a series of experiments made to render visible the channels of outflow from the eye (especially those of the anterior chamber) by means of the inflammatory changes which aseptic agents provocative of inflammation, that had been introduced into the vitreous, would excite in the course of their passage through those channels. The substances employed were olive oil and oil of turpentine, to which was added mercurial